

Fill in this information to identify your case:

United States Bankruptcy Court for the:

CENTRAL DISTRICT OF CALIFORNIA

Case number (if known)

Chapter

7

☐ Check if this an
amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

06/22

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name Readylink Healthcare

2. All other names debtor
used in the last 8 years
Include any assumed
names, trade names and
doing business as names
DBA Readylink Health Care, Inc.
DBA Readylink Health Care
DBA Readylink Healthcare, Inc.

3. Debtor's federal
Employer Identification
Number (EIN) 33-0807894

4. Debtor's address Principal place of business Mailing address, if different from principal place of
business

72030 Metroplex Drive
Thousand Palms, CA 92276

Number, Street, City, State & ZIP Code

Riverside
County

P.O. Box 1047
Thousand Palms, CA 92276

P.O. Box, Number, Street, City, State & ZIP Code

Location of principal assets, if different from principal
place of business

Number, Street, City, State & ZIP Code

5. Debtor's website (URL)

6. Type of debtor
☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))
☐ Partnership (excluding LLP)
☐ Other. Specify:

Debtor **Readylink Healthcare**
Name

Case number (if known)

7. Describe debtor's business

A. Check one:

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
- ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- ☐ Railroad (as defined in 11 U.S.C. § 101(44))
- ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
- ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
- ☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
- ☒ None of the above

B. Check all that apply

- ☐ Tax-exempt entity (as described in 26 U.S.C. §501)
- ☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)
- ☐ Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

5613

8. Under which chapter of the Bankruptcy Code is the debtor filing?

Check one:

- ☒ Chapter 7
- ☐ Chapter 9
- ☐ Chapter 11. **Check all that apply:**

A debtor who is a "small business debtor" must check the first sub-box. A debtor as defined in § 1182(1) who elects to proceed under subchapter V of chapter 11 (whether or not the debtor is a "small business debtor") must check the second sub-box.

- ☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$3,024,725. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☐ The debtor is a debtor as defined in 11 U.S.C. § 1182(1), its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$7,500,000, **and it chooses to proceed under Subchapter V of Chapter 11.** If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return, or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☐ A plan is being filed with this petition.
- ☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- ☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
- ☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

- ☐ Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?

- ☒ No.
- ☐ Yes.

If more than 2 cases, attach a separate list.

District		When		Case number	
District		When		Case number	

Debtor **Readylink Healthcare** Case number (if known) _____
Name

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor? ☒ No ☐ Yes.

List all cases. If more than 1, attach a separate list

Debtor Relationship
District _____ When _____ Case number, if known _____

11. Why is the case filed in this district? Check all that apply:
- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention? ☒ No ☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.
- Why does the property need immediate attention? (Check all that apply.)**
- ☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.
What is the hazard? _____
- ☐ It needs to be physically secured or protected from the weather.
- ☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).
- ☐ Other _____
- Where is the property?** _____
Number, Street, City, State & ZIP Code
- Is the property insured?**
- ☐ No
- ☐ Yes. Insurance agency _____
Contact name _____
Phone _____

Statistical and administrative information

13. Debtor's estimation of available funds Check one:
- ☐ Funds will be available for distribution to unsecured creditors.
- ☒ After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors
- | | | |
|---|--|--|
| <input type="checkbox"/> 1-49 | <input type="checkbox"/> 1,000-5,000 | <input type="checkbox"/> 25,001-50,000 |
| <input checked="" type="checkbox"/> 50-99 | <input type="checkbox"/> 5001-10,000 | <input type="checkbox"/> 50,001-100,000 |
| <input type="checkbox"/> 100-199 | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999 | | |

15. Estimated Assets
- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> \$0 - \$50,000 | <input type="checkbox"/> \$1,000,001 - \$10 million | <input type="checkbox"/> \$500,000,001 - \$1 billion |
| <input type="checkbox"/> \$50,001 - \$100,000 | <input type="checkbox"/> \$10,000,001 - \$50 million | <input type="checkbox"/> \$1,000,000,001 - \$10 billion |
| <input type="checkbox"/> \$100,001 - \$500,000 | <input type="checkbox"/> \$50,000,001 - \$100 million | <input type="checkbox"/> \$10,000,000,001 - \$50 billion |
| <input type="checkbox"/> \$500,001 - \$1 million | <input type="checkbox"/> \$100,000,001 - \$500 million | <input type="checkbox"/> More than \$50 billion |

16. Estimated liabilities
- | | | |
|---|--|--|
| <input type="checkbox"/> \$0 - \$50,000 | <input checked="" type="checkbox"/> \$1,000,001 - \$10 million | <input type="checkbox"/> \$500,000,001 - \$1 billion |
|---|--|--|

Debtor	Readylink Healthcare	Case number (if known)
	Name	
	<input type="checkbox"/> \$50,001 - \$100,000	<input type="checkbox"/> \$10,000,001 - \$50 million
	<input type="checkbox"/> \$100,001 - \$500,000	<input type="checkbox"/> \$50,000,001 - \$100 million
	<input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$100,000,001 - \$500 million
		<input type="checkbox"/> \$1,000,000,001 - \$10 billion
		<input type="checkbox"/> \$10,000,000,001 - \$50 billion
		<input type="checkbox"/> More than \$50 billion

Debtor Readylink Healthcare Case number (if known) _____
Name

Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature
of authorized
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on January 3, 2024
MM / DD / YYYY

X Elizabeth Ann Watts
Signature of authorized representative of debtor

Elizabeth Ann Watts
Printed name

Title Secretary

18. Signature of attorney

X Todd C. Ringstad
Signature of attorney for debtor

Date January 3, 2024
MM / DD / YYYY

Todd C. Ringstad
Printed name

Ringstad & Sanders LLP
Firm name

4910 Birch Street
Suite 120
Newport Beach, CA 92660
Number, Street, City, State & ZIP Code

Contact phone 949 851-7450

Email address todd@ringstadlaw.com

97345 CA
Bar number and State

RESOLUTION

The undersigned, being the sole Director of READYLINK HEALTHCARE (the "Company"), hereby takes the following actions and adopts the following resolutions by unanimous written consent by the Board of Directors of this Corporation.

WHEREAS, the undersigned, having reviewed and considered the filing of a voluntary petition for relief for the Company under the provisions of chapter 7 of title 7 of the United States Code, 11 U.S.C. §§ 101 *et seq.* (as amended, the "Bankruptcy Code") pursuant to applicable law and in accordance with the requirements of the Company's governing documents and applicable law;

WHEREAS, the undersigned, having reviewed and considered the materials presented by the Company's financial and legal advisors, and having had adequate opportunity to consult such persons and to fully consider each of the strategic alternatives available to the Company;

WHEREAS, in the undersigned's business judgment it is in the best interest of the Company to seek the protection of the Bankruptcy Code under Chapter 7 of the Bankruptcy Code through the filing of a Chapter 7 bankruptcy petition ("Bankruptcy Case") in the United States Bankruptcy Court for the Central District of California, Riverside Division ("Bankruptcy Court");

NOW, THEREFORE, IT IS HEREBY RESOLVED, that the Company be, and hereby is, authorized to file a voluntary petition for relief under Chapter 7 of the Bankruptcy Code and is further authorized to execute any and all documents and to do any and all acts and deeds necessary and proper to carry into effect the foregoing resolution;

RESOLVED FURTHER, that the Company be, and hereby is, authorized to engage the law firm of Ringstad & Sanders, LLP ("R&S"), as general insolvency counsel to the Company in connection with the filing of and conduct of the Bankruptcy Case and related matters and to compensate R&S on terms mutually acceptable to R&S and the Company;

RESOLVED FURTHER, that any and all actions heretofore taken by the Company within the terms of any of the foregoing resolutions are hereby ratified and confirmed as the acts and deeds of the Company.

RESOLVED FURTHER, that Elizabeth Ann Watts Secretary, be authorized to approve and sign the bankruptcy petitions, schedules and statement of financial affairs, and to represent and testify on behalf of the Company at the meeting of creditors and any continued meetings of creditors in the bankruptcy case and take all other and further actions on behalf of the Company as may be required in the bankruptcy case.

The undersigned directs that, upon signing, this consent be filed with the minutes of the proceedings of the Company.

IN WITNESS WHEREOF, the undersigned has duly executed this Resolution as of January 3, 2024.

READYLINK HEALTHCARE
a Nevada Corporation

By: _____

Barry Treash

<p>Attorney or Party Name, Address, Telephone & FAX Nos., State Bar No. & Email Address</p> <p>Todd C. Ringstad (SBN 97345) todd@ringstadlaw.com RINGSTAD & SANDERS LLP 4910 Birch Street Suite 120 Newport Beach, CA 92660 Telephone: 949 851-7450 Facsimile: 949 851-6926</p> <p><input checked="" type="checkbox"/> Attorney for: Debtor, Readylink Healthcare</p>	<p>FOR COURT USE ONLY</p>
<p align="center">UNITED STATES BANKRUPTCY COURT CENTRAL DISTRICT OF CALIFORNIA - RIVERSIDE DIVISION</p>	
<p>In re:</p> <p>READYLINK HEALTHCARE</p> <p align="right">Debtor(s).</p> <p align="right">Plaintiff(s),</p> <p align="right">Defendant(s).</p>	<p>CASE NO.:</p> <p>ADVERSARY NO.:</p> <p>CHAPTER: 7</p> <p align="center">CORPORATE OWNERSHIP STATEMENT PURSUANT TO FRBP 1007(a)(1) and 7007.1, and LBR 1007-4</p> <p align="right">[No hearing]</p>

Pursuant to FRBP 1007(a)(1) and 7007.1, and LBR 1007-4, any corporation, other than a governmental unit, that is a debtor in a voluntary case or a party to an adversary proceeding or a contested matter shall file this Statement identifying all its parent corporations and listing any publicly held company, other than a governmental unit, that directly or indirectly own 10% or more of any class of the corporation's equity interest, or state that there are no entities to report. This Corporate Ownership Statement must be filed with the initial pleading filed by a corporate entity in a case or adversary proceeding. A supplemental statement must promptly be filed upon any change in circumstances that renders this Corporate Ownership Statement inaccurate.

I, (Printed name of attorney or declarant) Elizabeth Ann Watts, the undersigned in the above-captioned case, hereby declare under penalty of perjury under the laws of the United States that the following is true and correct:

[Check the appropriate boxes and, if applicable, provide the required information.]

1. I have personal knowledge of the matters set forth in this Statement because:

- ☒ I am the president or other officer or an authorized agent of the Debtor corporation
☐ I am a party to an adversary proceeding
☐ I am a party to a contested matter
☐ I am the attorney for the Debtor corporation

2. a. ☐ The following entities, other than the Debtor or a governmental unit, directly or indirectly own 10% or more of any class of the corporation's(s') equity interests:

[For additional names, attach an addendum to this form.]

b. ☒ There are no entities that directly or indirectly own 10% or more of any class of the corporation's equity interest.

Date: 01/03/2024

By: Elizabeth Ann Watts
Signature of Debtor, or attorney for Debtor

Name: Elizabeth Ann Watts, Secretary
Printed name of Debtor, or attorney for Debtor

STATEMENT OF RELATED CASES
INFORMATION REQUIRED BY LBR 1015-2
UNITED STATES BANKRUPTCY COURT, CENTRAL DISTRICT OF CALIFORNIA

1. A petition under the Bankruptcy Act of 1898 or the Bankruptcy Reform Act of 1978 has previously been filed by or against the debtor, his/her spouse, his or her current or former domestic partner, an affiliate of the debtor, any copartnership or joint venture of which debtor is or formerly was a general or limited partner, or member, or any corporation of which the debtor is a director, officer, or person in control, as follows: (Set forth the complete number and title of each such of prior proceeding, date filed, nature thereof, the Bankruptcy Judge and court to whom assigned, whether still pending and, if not, the disposition thereof. If none, so indicate. Also, list any real property included in Schedule A/B that was filed with any such prior proceeding(s).)

None

2. (If petitioner is a partnership or joint venture) A petition under the Bankruptcy Act of 1898 or the Bankruptcy Reform Act of 1978 has previously been filed by or against the debtor or an affiliate of the debtor, or a general partner in the debtor, a relative of the general partner, general partner of, or person in control of the debtor, partnership in which the debtor is a general partner, general partner of the debtor, or person in control of the debtor as follows: (Set forth the complete number and title of each such prior proceeding, date filed, nature of the proceeding, the Bankruptcy Judge and court to whom assigned, whether still pending and, if not, the disposition thereof. If none, so indicate. Also, list any real property included in Schedule A/B that was filed with any such prior proceeding(s).)

None

3. (If petitioner is a corporation) A petition under the Bankruptcy Act of 1898 or the Bankruptcy Reform Act of 1978 has previously been filed by or against the debtor, or any of its affiliates or subsidiaries, a director of the debtor, an officer of the debtor, a person in control of the debtor, a partnership in which the debtor is general partner, a general partner of the debtor, a relative of the general partner, director, officer, or person in control of the debtor, or any persons, firms or corporations owning 20% or more of its voting stock as follows: (Set forth the complete number and title of each such prior proceeding, date filed, nature of proceeding, the Bankruptcy Judge and court to whom assigned, whether still pending, and if not, the disposition thereof. If none, so indicate. Also, list any real property included in Schedule A/B that was filed with any such prior proceeding(s).)

None


4. (If petitioner is an individual) A petition under the Bankruptcy Reform Act of 1978, including amendments thereof, has been filed by or against the debtor within the last 180 days: (Set forth the complete number and title of each such prior proceeding, date filed, nature of proceeding, the Bankruptcy Judge and court to whom assigned, whether still pending, and if not, the disposition thereof. If none, so indicate. Also, list any real property included in Schedule A/B that was filed with any such prior proceeding(s).)

None

I declare, under penalty of perjury, that the foregoing is true and correct.

Executed at Thousand Palms, California.

Date: January 3, 2024


Elizabeth Ann Watts
Signature of Debtor 1

Signature of Debtor 2

Fill in this information to identify the case:

Debtor name Readylink Healthcare

United States Bankruptcy Court for the: CENTRAL DISTRICT OF CALIFORNIA

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206Sum

Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets

1. **Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

1a. **Real property:**

Copy line 88 from *Schedule A/B*..... \$ 0.00

1b. **Total personal property:**

Copy line 91A from *Schedule A/B*..... \$ 4,658.27

1c. **Total of all property:**

Copy line 92 from *Schedule A/B*..... \$ 4,658.27

Part 2: Summary of Liabilities

2. **Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)

Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*..... \$ 0.00

3. **Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)

3a. **Total claim amounts of priority unsecured claims:**

Copy the total claims from Part 1 from line 5a of *Schedule E/F*..... \$ 0.00

3b. **Total amount of claims of nonpriority amount of unsecured claims:**

Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*..... +\$ 555,327.53

4. **Total liabilities**
Lines 2 + 3a + 3b

\$ 555,327.53

Fill in this information to identify the case:

Debtor name Readylink Healthcare

United States Bankruptcy Court for the: CENTRAL DISTRICT OF CALIFORNIA

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206A/B Schedule A/B: Assets - Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents

1. Does the debtor have any cash or cash equivalents?

- ☐ No. Go to Part 2.
☒ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest

3. Checking, savings, money market, or financial brokerage accounts *(Identify all)*

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

	Pacific Premier Bank			
	306 W 2d Street #100			
3.1.	San Bernardino, CA 92401	General Account	0070	\$3,903.04

	Pacific Premier Bank			
	306 W 2d Street #100			
3.2.	San Bernardino, CA 92401	Payroll Account	9308	\$544.53

4. Other cash equivalents *(Identify all)*

	4.1. Wisely Funding Account			\$210.70
--	------------------------------------	--	--	-----------------

5. Total of Part 1.

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$4,658.27

Part 2: Deposits and Prepayments

6. Does the debtor have any deposits or prepayments?

- ☒ No. Go to Part 3.
☐ Yes Fill in the information below.

Part 3: Accounts receivable

10. Does the debtor have any accounts receivable?

Debtor **Readylink Healthcare**
Name

Case number (If known)

- ☐ No. Go to Part 4.
☐ Yes Fill in the information below.

Part 4: Investments

13. Does the debtor own any investments?

- ☐ No. Go to Part 5.
☐ Yes Fill in the information below.

Part 5: Inventory, excluding agriculture assets

18. Does the debtor own any inventory (excluding agriculture assets)?

- ☐ No. Go to Part 6.
☐ Yes Fill in the information below.

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

- ☐ No. Go to Part 7.
☐ Yes Fill in the information below.

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- ☐ No. Go to Part 8.
☐ Yes Fill in the information below.

Part 8: Machinery, equipment, and vehicles

46. Does the debtor own or lease any machinery, equipment, or vehicles?

- ☐ No. Go to Part 9.
☐ Yes Fill in the information below.

Part 9: Real property

54. Does the debtor own or lease any real property?

- ☐ No. Go to Part 10.
☐ Yes Fill in the information below.

Part 10: Intangibles and intellectual property

59. Does the debtor have any interests in intangibles or intellectual property?

- ☐ No. Go to Part 11.
☐ Yes Fill in the information below.

Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☐ No. Go to Part 12.
☐ Yes Fill in the information below.

Debtor Readylink Healthcare Case number (if known) _____
Name

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	\$4,658.27	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$0.00	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$0.00	
83. Investments. <i>Copy line 17, Part 4.</i>	\$0.00	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$0.00	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	\$0.00	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	\$0.00	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$0.00	
88. Real property. <i>Copy line 56, Part 9.....></i>		\$0.00
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	\$0.00	
90. All other assets. <i>Copy line 78, Part 11.</i>	\$0.00	
91. Total. Add lines 80 through 90 for each column	\$4,658.27	\$0.00
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		\$4,658.27

Fill in this information to identify the case:

Debtor name Readylink Healthcare

United States Bankruptcy Court for the: CENTRAL DISTRICT OF CALIFORNIA

Case number (if known) _____

☐ Check if this is an
amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☒ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☐ Yes. Fill in all of the information below.

Fill in this information to identify the case:

Debtor name **Readylink Healthcare**

United States Bankruptcy Court for the: **CENTRAL DISTRICT OF CALIFORNIA**

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☐ No. Go to Part 2.

☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

			Total claim	Priority amount
2.1	Priority creditor's name and mailing address Employment Development Department Bankruptcy Group MIC 92E P.O. Box 826880 Sacramento, CA 94280-0001 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice Purposes Only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00	\$0.00
2.2	Priority creditor's name and mailing address Franchise Tax Board Bankruptcy Unit P.O. Box 2952 Sacramento, CA 95812-2952 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice Purposes Only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00	\$0.00

Debtor	Readylink Healthcare Name	Case number (if known)		
2.3	Priority creditor's name and mailing address Internal Revenue Service P.O. Box 7346 Philadelphia, PA 19101-7346	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred	Basis for the claim: Notice Purposes Only		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.4	Priority creditor's name and mailing address U.S. Securities and Exchange Attn: Bankruptcy Counsel 444 South Flower Street Suite 900 Los Angeles, CA 90071-9591	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred	Basis for the claim: Notice Purposes Only		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.5	Priority creditor's name and mailing address United States Trustee 3801 University Avenue Suite 720 Riverside, CA 92501	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred	Basis for the claim: Notice Purposes Only		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

			Amount of claim
3.1	Nonpriority creditor's name and mailing address AIG 22427 Network Place Chicago, IL 60673-1224 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Lawsuit Pending Riverside Superior Court Commerce & Industry Insurance Company v. ReadyLink Healthcare, Inc., Case No. CVPS2102689 Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown

Debtor	Readylink Healthcare	Case number (if known)	
Name			
3.2	Nonpriority creditor's name and mailing address Archinue, Peta 10516 Amantha Avenue San Diego, CA 92126 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class Action Claimant</u> <u>Avis Francis-Maitland etc. v. Readylink Healthcare</u> <u>Case No. CVRI2101356</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.3	Nonpriority creditor's name and mailing address Avis Francis-Maitland 45275 Desert Air Street La Quinta, CA 92253 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class Action Claimant</u> <u>Avis Francis-Maitland etc. v. Readylink Healthcare</u> <u>Case No. CVRI2101356</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.4	Nonpriority creditor's name and mailing address Becerra, Kathy 1040 Meadow Way Arroyo Grande, CA 93420 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class Action Claimant</u> <u>Avis Francis-Maitland etc. v. Readylink Healthcare</u> <u>Case No. CVRI2101356</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.5	Nonpriority creditor's name and mailing address Beswick, Darleen 1054 Camino Real Cottonwood, AZ 86326 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class Action Claimant</u> <u>Avis Francis-Maitland etc. v. Readylink Healthcare</u> <u>Case No. CVRI2101356</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.6	Nonpriority creditor's name and mailing address Bommarito, Thomas 13900 NW Passage #207 Marina Del Rey, CA 90292 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class Action Claimant</u> <u>Avis Francis-Maitland etc. v. Readylink Healthcare</u> <u>Case No. CVRI2101356</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown

Debtor	Readylink Healthcare	Case number (if known)	
Name			
3.7	Nonpriority creditor's name and mailing address Brownell, Naechon 1114 West Avenue J14 Lancaster, CA 92353 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class Action Claimant</u> <u>Avis Francis-Maitland etc. v. Readylink Healthcare</u> <u>Case No. CVRI2101356</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.8	Nonpriority creditor's name and mailing address Cabatan, Elsa 28403 North Pine Wood Castaic, CA 91310 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class Action Claimant</u> <u>Avis Francis-Maitland etc. v. Readylink Healthcare</u> <u>Case No. CVRI2101356</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.9	Nonpriority creditor's name and mailing address Carrillo, Oscar 2452 Angela St Apt C Pomona, CA 91766 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class Action Claimant</u> <u>Avis Francis-Maitland etc. v. Readylink Healthcare</u> <u>Case No. CVRI2101356</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.10	Nonpriority creditor's name and mailing address Chaffin, Earneshia 15458 Bear Valley Rd #4 Victorville, CA 92395 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class Action Claimant</u> <u>Avis Francis-Maitland etc. v. Readylink Healthcare</u> <u>Case No. CVRI2101356</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.11	Nonpriority creditor's name and mailing address Cloud, Carolyn 6131 Guthrie Street San Bernardino, CA 92404 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class Action Claimant</u> <u>Avis Francis-Maitland etc. v. Readylink Healthcare</u> <u>Case No. CVRI2101356</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown

Debtor	Readylink Healthcare	Case number (if known)	
Name			
3.12	Nonpriority creditor's name and mailing address Crawford, Barry 200 Lewis Road #207 San Jose, CA 95111 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class Action Claimant</u> <u>Avis Francis-Maitland etc. v. Readylink Healthcare</u> <u>Case No. CVRI2101356</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.13	Nonpriority creditor's name and mailing address David, Ma. Cher Lynne 182 37th Avenue San Mateo, CA 94403 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class Action Claimant</u> <u>Avis Francis-Maitland etc. v. Readylink Healthcare</u> <u>Case No. CVRI2101356</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.14	Nonpriority creditor's name and mailing address Davidson, Harriette 8941 Encanto Ct. Rancho Mirage, CA 92270 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class Action Claimant</u> <u>Avis Francis-Maitland etc. v. Readylink Healthcare</u> <u>Case No. CVRI2101356</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.15	Nonpriority creditor's name and mailing address Dayton, Ann 1740 N. Dutton Ave Santa Rosa, CA 95401 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class Action Claimant</u> <u>Avis Francis-Maitland etc. v. Readylink Healthcare</u> <u>Case No. CVRI2101356</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.16	Nonpriority creditor's name and mailing address Del Rosario, Chessa 3030 Valle Vista Dr Apt 24 Los Angeles, CA 90065 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class Action Claimant</u> <u>Avis Francis-Maitland etc. v. Readylink Healthcare</u> <u>Case No. CVRI2101356</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown

Debtor	Readylink Healthcare	Case number (if known)	
Name			
3.17	Nonpriority creditor's name and mailing address Delima, Clarisse 1518 E 3rd St Apt 3 Long Beach, CA 90802 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class Action Claimant</u> <u>Avis Francis-Maitland etc. v. Readylink Healthcare</u> <u>Case No. CVRI2101356</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.18	Nonpriority creditor's name and mailing address Dhillon, Inderjit 9214 Parducci Way Sacramento, CA 95829 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class Action Claimant</u> <u>Avis Francis-Maitland etc. v. Readylink Healthcare</u> <u>Case No. CVRI2101356</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.19	Nonpriority creditor's name and mailing address Duque, Silvia 5814 2d Avenue Los Angeles, CA 90043 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class Action Claimant</u> <u>Avis Francis-Maitland etc. v. Readylink Healthcare</u> <u>Case No. CVRI2101356</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.20	Nonpriority creditor's name and mailing address Eck, Jayne 2229 West Autumn Mist Dr Rialto, CA 92377 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class Action Claimant</u> <u>Avis Francis-Maitland etc. v. Readylink Healthcare</u> <u>Case No. CVRI2101356</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.21	Nonpriority creditor's name and mailing address Eissing, Mark 3612 Marin Drive Irvine, CA 92606 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class Action Claimant</u> <u>Avis Francis-Maitland etc. v. Readylink Healthcare</u> <u>Case No. CVRI2101356</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown

Debtor Readylink Healthcare		Case number (if known) _____	
Name _____			
3.22	Nonpriority creditor's name and mailing address Enriquez, Roger 43491 30th Street West #2 Lancaster, CA 93536 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class Action Claimant</u> <u>Avis Francis-Maitland etc. v. Readylink Healthcare</u> <u>Case No. CVRI2101356</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.23	Nonpriority creditor's name and mailing address Esmael, Beverly 10257 Lake Summit Drive Moreno Valley, CA 92557 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class Action Claimant</u> <u>Avis Francis-Maitland etc. v. Readylink Healthcare</u> <u>Case No. CVRI2101356</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.24	Nonpriority creditor's name and mailing address Eubanks, Samantha 3045 South Archibald Ave H189 Ontario, CA 92761 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class Action Claimant</u> <u>Avis Francis-Maitland etc. v. Readylink Healthcare</u> <u>Case No. CVRI2101356</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.25	Nonpriority creditor's name and mailing address Fashakin, Winifred 3722 Hollow Oak Lane Lithonia, GA 30058 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class Action Claimant</u> <u>Avis Francis-Maitland etc. v. Readylink Healthcare</u> <u>Case No. CVRI2101356</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.26	Nonpriority creditor's name and mailing address Fedoseeva, Ekaterina 297 Indiana Ave El Cajon, CA 92020 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class Action Claimant</u> <u>Avis Francis-Maitland etc. v. Readylink Healthcare</u> <u>Case No. CVRI2101356</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown

Debtor Readylink Healthcare		Case number (if known) _____	
Name _____			
3.27	Nonpriority creditor's name and mailing address Fils-Aime, Tamara 13626 Gateway Dr Victorville, CA 92392 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class Action Claimant</u> <u>Avis Francis-Maitland etc. v. Readylink Healthcare</u> <u>Case No. CVRI2101356</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>Unknown</u>
3.28	Nonpriority creditor's name and mailing address Fox, Valeria 21602 Hill Gail Way Parker, CO 80138 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class Action Claimant</u> <u>Avis Francis-Maitland etc. v. Readylink Healthcare</u> <u>Case No. CVRI2101356</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>Unknown</u>
3.29	Nonpriority creditor's name and mailing address Frediani, Melinda 4427 Crestwood Circle Concord, CA 94521 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class Action Claimant</u> <u>Avis Francis-Maitland etc. v. Readylink Healthcare</u> <u>Case No. CVRI2101356</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>Unknown</u>
3.30	Nonpriority creditor's name and mailing address Gardon, Frederic 2740 Fourth Avenue Sacramento, CA 95818 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class Action Claimant</u> <u>Avis Francis-Maitland etc. v. Readylink Healthcare</u> <u>Case No. CVRI2101356</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>Unknown</u>
3.31	Nonpriority creditor's name and mailing address Garnett, Joleen 2452 Via Alta San Diego, CA 92108 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class Action Claimant</u> <u>Avis Francis-Maitland etc. v. Readylink Healthcare</u> <u>Case No. CVRI2101356</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>Unknown</u>

Debtor	Readylink Healthcare	Case number (if known)	
Name			
3.32	Nonpriority creditor's name and mailing address Gore, Richard 17423 Cimmeron Trail Anderson, CA 96007 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class Action Claimant</u> <u>Avis Francis-Maitland etc. v. Readylink Healthcare</u> <u>Case No. CVRI2101356</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.33	Nonpriority creditor's name and mailing address Hayes, Michelle 1324 North Belmont St Porterville, CA 93257 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class Action Claimant</u> <u>Avis Francis-Maitland etc. v. Readylink Healthcare</u> <u>Case No. CVRI2101356</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.34	Nonpriority creditor's name and mailing address Hazzard, Islam 162 Kit Carson Way Vallejo, CA 94589 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class Action Claimant</u> <u>Avis Francis-Maitland etc. v. Readylink Healthcare</u> <u>Case No. CVRI2101356</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.35	Nonpriority creditor's name and mailing address Higgins Davin, Diane 209 Brushwood Place Brentwood, CA 94513 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class Action Claimant</u> <u>Avis Francis-Maitland etc. v. Readylink Healthcare</u> <u>Case No. CVRI2101356</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.36	Nonpriority creditor's name and mailing address Hill, Sharla PO Box 620483 Redwood City, CA 94062 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class Action Claimant</u> <u>Avis Francis-Maitland etc. v. Readylink Healthcare</u> <u>Case No. CVRI2101356</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown

Debtor	Readylink Healthcare	Case number (if known)	
Name			
3.37	Nonpriority creditor's name and mailing address Hooper, Nicole 58369 Lennox Court Yucca Valley, CA 92284 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class Action Claimant</u> <u>Avis Francis-Maitland etc. v. Readylink Healthcare</u> <u>Case No. CVRI2101356</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.38	Nonpriority creditor's name and mailing address Imbruno, Patricia 4721 Latkins Sarasota, FL 34233 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class Action Claimant</u> <u>Avis Francis-Maitland etc. v. Readylink Healthcare</u> <u>Case No. CVRI2101356</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.39	Nonpriority creditor's name and mailing address Ira, Craig 4407 West 9th Street N Wichita, KS 67212 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class Action Claimant</u> <u>Avis Francis-Maitland etc. v. Readylink Healthcare</u> <u>Case No. CVRI2101356</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.40	Nonpriority creditor's name and mailing address Juko, Pamela 15061 Archwood St #2 Van Nuys, CA 91405 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class Action Claimant</u> <u>Avis Francis-Maitland etc. v. Readylink Healthcare</u> <u>Case No. CVRI2101356</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.41	Nonpriority creditor's name and mailing address Keffer, Carolyn 38035 27th St E Palmdale, CA 93550 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class Action Claimant</u> <u>Avis Francis-Maitland etc. v. Readylink Healthcare</u> <u>Case No. CVRI2101356</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown

Debtor	Readylink Healthcare	Case number (if known)	
Name			
3.42	Nonpriority creditor's name and mailing address Lagrimas, Rolly 1025 Barrett Ave Richmond, CA 94801 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class Action Claimant</u> <u>Avis Francis-Maitland etc. v. Readylink Healthcare</u> <u>Case No. CVRI2101356</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.43	Nonpriority creditor's name and mailing address Lee, Sondra 16475 Tarpey Road Watsonville, CA 95076 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class Action Claimant</u> <u>Avis Francis-Maitland etc. v. Readylink Healthcare</u> <u>Case No. CVRI2101356</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.44	Nonpriority creditor's name and mailing address Lineweaver, Patricia 79591 Butler Bay Pl Long Beach, CA 90803 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class Action Claimant</u> <u>Avis Francis-Maitland etc. v. Readylink Healthcare</u> <u>Case No. CVRI2101356</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.45	Nonpriority creditor's name and mailing address Logsdon, Sue 10640 Parrot Ave #P Downey, CA 90240 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class Action Claimant</u> <u>Avis Francis-Maitland etc. v. Readylink Healthcare</u> <u>Case No. CVRI2101356</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.46	Nonpriority creditor's name and mailing address Macharia, Lydiah 990 Valley View Ave #30 Pasadena, CA 91107 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class Action Claimant</u> <u>Avis Francis-Maitland etc. v. Readylink Healthcare</u> <u>Case No. CVRI2101356</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown

Debtor	Readylink Healthcare	Case number (if known)	
Name			
3.47	Nonpriority creditor's name and mailing address Mallory, Valerie 1027 40st Ave #11 Oakland, CA 94601 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class Action Claimant</u> <u>Avis Francis-Maitland etc. v. Readylink Healthcare</u> <u>Case No. CVRI2101356</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.48	Nonpriority creditor's name and mailing address Managuas, Ricardo 2270 Sherwood Drive Lemon Grove, CA 91945 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class Action Claimant</u> <u>Avis Francis-Maitland etc. v. Readylink Healthcare</u> <u>Case No. CVRI2101356</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.49	Nonpriority creditor's name and mailing address Mardirossian, Sosie 10610 Lost Trail Avenue Sunland, CA 91040 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class Action Claimant</u> <u>Avis Francis-Maitland etc. v. Readylink Healthcare</u> <u>Case No. CVRI2101356</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.50	Nonpriority creditor's name and mailing address Mariano, Maria 15649 Mayall Street North Hills, CA 91343 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class Action Claimant</u> <u>Avis Francis-Maitland etc. v. Readylink Healthcare</u> <u>Case No. CVRI2101356</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.51	Nonpriority creditor's name and mailing address Miclat, Fher-John 1803 Crossroads St Chula Vista, CA 91915 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class Action Claimant</u> <u>Avis Francis-Maitland etc. v. Readylink Healthcare</u> <u>Case No. CVRI2101356</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown

Debtor Readylink Healthcare		Case number (if known) _____	
Name _____			
3.52	Nonpriority creditor's name and mailing address Newson, Shameka 8424 Matilija Avenue Panorama City, CA 91402 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class Action Claimant</u> <u>Avis Francis-Maitland etc. v. Readylink Healthcare</u> <u>Case No. CVRI2101356</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.53	Nonpriority creditor's name and mailing address Nolasco, Brittany 3100 South Dixie Hwy Apt H98 Boca Raton, FL 33432 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class Action Claimant</u> <u>Avis Francis-Maitland etc. v. Readylink Healthcare</u> <u>Case No. CVRI2101356</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.54	Nonpriority creditor's name and mailing address Northrup, David 2636 N. Indian Canyon Drive Unit 223 Palm Springs, CA 92262 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class Action Claimant</u> <u>Avis Francis-Maitland etc. v. Readylink Healthcare</u> <u>Case No. CVRI2101356</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.55	Nonpriority creditor's name and mailing address Nwaiwu, Angela 2314 W. Imperial Hwy #1 Hawthorne, CA 90250 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class Action Claimant</u> <u>Avis Francis-Maitland etc. v. Readylink Healthcare</u> <u>Case No. CVRI2101356</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.56	Nonpriority creditor's name and mailing address Ohaya, Scholastica 17839 Wren Drive Canyon Country, CA 91387 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class Action Claimant</u> <u>Avis Francis-Maitland etc. v. Readylink Healthcare</u> <u>Case No. CVRI2101356</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown

Debtor	Readylink Healthcare	Case number (if known)	
Name			
3.57	Nonpriority creditor's name and mailing address Otwell, Jeanette 4930 Rigal Way Mira Loma, CA 91752 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class Action Claimant</u> <u>Avis Francis-Maitland etc. v. Readylink Healthcare</u> <u>Case No. CVRI2101356</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.58	Nonpriority creditor's name and mailing address Perez-Ruiz, Yvette 16311 Marlinton Drive Whittier, CA 90604 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class Action Claimant</u> <u>Avis Francis-Maitland etc. v. Readylink Healthcare</u> <u>Case No. CVRI2101356</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.59	Nonpriority creditor's name and mailing address Perry, Patricia 12737 Central Road Apple Valley, CA 92308 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class Action Claimant</u> <u>Avis Francis-Maitland etc. v. Readylink Healthcare</u> <u>Case No. CVRI2101356</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.60	Nonpriority creditor's name and mailing address Pierce, Joseph 65 Shoreline Drive Rancho Mirage, CA 92270 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class Action Claimant</u> <u>Avis Francis-Maitland etc. v. Readylink Healthcare</u> <u>Case No. CVRI2101356</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.61	Nonpriority creditor's name and mailing address Relova, Jannine 12232 Viarna Street Cerritos, CA 90703 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class Action Claimant</u> <u>Avis Francis-Maitland etc. v. Readylink Healthcare</u> <u>Case No. CVRI2101356</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown

Debtor	Readylink Healthcare	Case number (if known)	
Name			
3.62	Nonpriority creditor's name and mailing address Ritter-Tirado, Kimberly 5910 Camino Rocos San Clemente, CA 92673 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class Action Claimant</u> <u>Avis Francis-Maitland etc. v. Readylink Healthcare</u> <u>Case No. CVRI2101356</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.63	Nonpriority creditor's name and mailing address Rivera, Colleen 220 S Elk St Space 3 Hemet, CA 92543 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class Action Claimant</u> <u>Avis Francis-Maitland etc. v. Readylink Healthcare</u> <u>Case No. CVRI2101356</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.64	Nonpriority creditor's name and mailing address Rizo, Rololpho 230 Camino Primavera Bakersfield, CA 93306 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class Action Claimant</u> <u>Avis Francis-Maitland etc. v. Readylink Healthcare</u> <u>Case No. CVRI2101356</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.65	Nonpriority creditor's name and mailing address Robinson, Lynnel 7930 Camino Huerta San Diego, CA 92122 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class Action Claimant</u> <u>Avis Francis-Maitland etc. v. Readylink Healthcare</u> <u>Case No. CVRI2101356</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.66	Nonpriority creditor's name and mailing address Rockwood, Christel 7595 Layton Street Rancho Cucamonga, CA 91730 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class Action Claimant</u> <u>Avis Francis-Maitland etc. v. Readylink Healthcare</u> <u>Case No. CVRI2101356</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown

Debtor	Readylink Healthcare	Case number (if known)	
Name			
3.67	Nonpriority creditor's name and mailing address Rowe, Tammy 1571 E. Washington Apt E El Cajon, CA 92019 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class Action Claimant</u> <u>Avis Francis-Maitland etc. v. Readylink Healthcare</u> <u>Case No. CVRI2101356</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.68	Nonpriority creditor's name and mailing address Shelton, Toya 3410 La Sierra Ave Unit F444 Riverside, CA 92503 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class Action Claimant</u> <u>Avis Francis-Maitland etc. v. Readylink Healthcare</u> <u>Case No. CVRI2101356</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.69	Nonpriority creditor's name and mailing address Sitanggang, Pongkarn 22751 El Prado Apt 8303 Rancho Santa Margarita, CA 92688 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class Action Claimant</u> <u>Avis Francis-Maitland etc. v. Readylink Healthcare</u> <u>Case No. CVRI2101356</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.70	Nonpriority creditor's name and mailing address State Compensation Insurance Fund P.O. Box 7980 San Francisco, CA 94120-7980 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Judgment entered: State Compensation Insurance</u> <u>Fund v. ReadyLink Healthcare, Inc. ,</u> <u>Riverside Superior Court/Case No. PSC 1500168</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$555,327.53
3.71	Nonpriority creditor's name and mailing address Thomas, Joyce PO Box 22111 Beachwood, OH 44122 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class Action Claimant</u> <u>Avis Francis-Maitland etc. v. Readylink Healthcare</u> <u>Case No. CVRI2101356</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown

Debtor	Readylink Healthcare	Case number (if known)	
Name			
3.72	Nonpriority creditor's name and mailing address Thompson, Angela 2125 Brazos Drive Frisco, TX 75033 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class Action Claimant</u> <u>Avis Francis-Maitland etc. v. Readylink Healthcare</u> <u>Case No. CVRI2101356</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.73	Nonpriority creditor's name and mailing address Uzosike, Damian 1968 Dayton Ave San Leandro, CA 94579 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class Action Claimant</u> <u>Avis Francis-Maitland etc. v. Readylink Healthcare</u> <u>Case No. CVRI2101356</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.74	Nonpriority creditor's name and mailing address Walker-Johnson, Mae 18059 Tanzanite Rd San Bernardino, CA 92407 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class Action Claimant</u> <u>Avis Francis-Maitland etc. v. Readylink Healthcare</u> <u>Case No. CVRI2101356</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.75	Nonpriority creditor's name and mailing address Westbrook, Harold 5375 Meadow Wood Lane Oakley, CA 94561 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class Action Claimant</u> <u>Avis Francis-Maitland etc. v. Readylink Healthcare</u> <u>Case No. CVRI2101356</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.76	Nonpriority creditor's name and mailing address Wong, Maila 3618 Pine Street Castro Valley, CA 94546 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class Action Claimant</u> <u>Avis Francis-Maitland etc. v. Readylink Healthcare</u> <u>Case No. CVRI2101356</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown

Debtor **Readylink Healthcare** Case number (if known) _____
Name

<div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">3.77</div> <p>Nonpriority creditor's name and mailing address</p> <p>Young, Lynn 2067 E Lago Grande Bay Fort Mohave, AZ 86426</p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Class Action Claimant</u> <u>Avis Francis-Maitland etc. v. Readylink Healthcare</u> <u>Case No. CVRI2101356</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Unknown</p>
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Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	Arcinue, Peta 837 S. Windsor Drive Los Angeles, CA 90005	Line <u>3.2</u> <input type="checkbox"/> Not listed. Explain _____	—
4.2	Beswick, Darleen 1603 Evergreen Park Lane SW Olympia, WA 98502	Line <u>3.5</u> <input type="checkbox"/> Not listed. Explain _____	—
4.3	Beswick, Darleen 1001 Cooper Point Road SW #140-344 Olympia, WA 98502	Line <u>3.5</u> <input type="checkbox"/> Not listed. Explain _____	—
4.4	Carrillo, Oscar 4315 Esmeralda Los Angeles, CA 90032	Line <u>3.9</u> <input type="checkbox"/> Not listed. Explain _____	—
4.5	Chaffin, Earneshia 2908 Fullup Lake Isabella, CA 93240	Line <u>3.10</u> <input type="checkbox"/> Not listed. Explain _____	—
4.6	David, Ma. Cher Lynn 1982 37th Avenue San Mateo, CA 94403	Line <u>3.13</u> <input type="checkbox"/> Not listed. Explain _____	—
4.7	Dayton, Ann 2443 Fillmore #380-1789 San Francisco, CA 94115	Line <u>3.15</u> <input type="checkbox"/> Not listed. Explain _____	—
4.8	Dhillon, Inderjit 101 Alde Burgh Circle Sacramento, CA 95834	Line <u>3.18</u> <input type="checkbox"/> Not listed. Explain _____	—
4.9	Drew Pomerance Roxborough Pomerance Nye & Adreani 5900 Canoga Avenue Suite 450 Woodland Hills, CA 91367	Line <u>3.70</u> <input type="checkbox"/> Not listed. Explain _____	<u>dep@rpnalaw.com</u>

Debtor	Readylink Healthcare	Case number (if known)
Name		
Name and mailing address	On which line in Part1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.10 Eubanks, Samantha 43426 Gadsden Ave #77 Lancaster, CA 93534	Line <u>3.24</u> <input type="checkbox"/> Not listed. Explain _____	—
4.11 Fils-Aime, Tamara PO Box 2015 Victorville, CA 92393	Line <u>3.27</u> <input type="checkbox"/> Not listed. Explain _____	—
4.12 Gardon, Frederic 1918 Rosedale Ave Oakland, CA 94601	Line <u>3.30</u> <input type="checkbox"/> Not listed. Explain _____	—
4.13 Gore, Richard 4448 Rose Terrace Drive Redding, CA 96001	Line <u>3.32</u> <input type="checkbox"/> Not listed. Explain _____	—
4.14 Gore, Richard PO Box 425 Lordsburg, NM 88045	Line <u>3.32</u> <input type="checkbox"/> Not listed. Explain _____	—
4.15 Gregory Hafif, Esq. Law Offices of Herbert Hafif 269 West Bonita Avenue Claremont, CA 91711	Line <u>3.3</u> <input type="checkbox"/> Not listed. Explain _____	—
4.16 Hooper, Nicole 8613 Lakewood Drive Raleigh, NC 27613	Line <u>3.37</u> <input type="checkbox"/> Not listed. Explain _____	—
4.17 Ira, Craig 3940 N. Charles Wichita, KS 67204	Line <u>3.39</u> <input type="checkbox"/> Not listed. Explain _____	—
4.18 Ira, Craig 15003 Genesee Rd Adelanto, CA 92301	Line <u>3.39</u> <input type="checkbox"/> Not listed. Explain _____	—
4.19 Ira, Craig 547 Buena Vista Ave #221 Alameda, CA 94501	Line <u>3.39</u> <input type="checkbox"/> Not listed. Explain _____	—
4.20 Ira, Craig 1591 Daniels Drive San Leandro, CA 94577	Line <u>3.39</u> <input type="checkbox"/> Not listed. Explain _____	—
4.21 Ira, Craig 1140 Castro St., Apt #6 Mountain View, CA 94040	Line <u>3.39</u> <input type="checkbox"/> Not listed. Explain _____	—
4.22 Juko, Pamela 6250 Canoga Ave., Apt 335 Woodland Hills, CA 91367	Line <u>3.40</u> <input type="checkbox"/> Not listed. Explain _____	—

Debtor	Readylink Healthcare	Case number (if known)	
	Name		
	Name and mailing address	On which line in Part1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.23	Kye D. Pawlenko, Esq. 1414 Fair Oaks Avenue Unit 2B South Pasadena, CA 91030	Line <u>3.3</u> <input type="checkbox"/> Not listed. Explain _____	<u>kpawlendo@hel pcounsel.com</u>
4.24	Logsdon, Sue 8 38th Place Apt C Long Beach, CA 90803	Line <u>3.45</u> <input type="checkbox"/> Not listed. Explain _____	—
4.25	Macharia, Lydia 496 West Summerfield Circle Anaheim, CA 92802	Line <u>3.46</u> <input type="checkbox"/> Not listed. Explain _____	—
4.26	Managuas, Ricardo 10705 Magnolia Avenue Riverside, CA 92505	Line <u>3.48</u> <input type="checkbox"/> Not listed. Explain _____	—
4.27	Melina Manetti Shook, Hardy & Bacon LLP 555 Mission Street, Ste 2300 San Francisco, CA 94105	Line <u>3.1</u> <input type="checkbox"/> Not listed. Explain _____	—
4.28	Nolasco, Brittany 5152 Heil Ave Apt #52 Huntington Beach, CA 92649	Line <u>3.53</u> <input type="checkbox"/> Not listed. Explain _____	—
4.29	Nwaiwu, Angela 9869 Liggett St Bellflower, CA 90706	Line <u>3.55</u> <input type="checkbox"/> Not listed. Explain _____	—
4.30	Perry, Patricia PO Box 290 Victorville, CA 92393	Line <u>3.59</u> <input type="checkbox"/> Not listed. Explain _____	—
4.31	R. Timothy O'Connor, Staff Counsel State Compensation Insurance Fund 5880 Owens Drive, 3rd Floor Pleasanton, CA 94588	Line <u>3.70</u> <input type="checkbox"/> Not listed. Explain _____	—
4.32	Rhett R. Johnson Asst Chief Counsel State Compensation Insurance Fund 5880 Owens Drive, 3rd Floor Pleasanton, CA 94588	Line <u>3.70</u> <input type="checkbox"/> Not listed. Explain _____	—
4.33	Rizo, Rodolpho 1001 Oleander St. Apt 5 Bakersfield, CA 93304	Line <u>3.64</u> <input type="checkbox"/> Not listed. Explain _____	—
4.34	Rizo, Rodolpho 540 Dublin Court Bakersfield, CA 93306	Line <u>3.64</u> <input type="checkbox"/> Not listed. Explain _____	—
4.35	Rockwood, Christel 426 East Groverdale Covina, CA 91722	Line <u>3.66</u> <input type="checkbox"/> Not listed. Explain _____	—

Debtor	Readylink Healthcare	Case number (if known)	
	Name		
	Name and mailing address	On which line in Part1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.36	Sitanggang, Pongkarn 250 West Santa Fe Ave #258 Fullerton, CA 92832	Line <u>3.69</u> <input type="checkbox"/> Not listed. Explain _____	—
4.37	Steve McCartan Shook, Hardy & Bacon LLP 2555 Grand Blvd. Kansas City, MO 64108	Line <u>3.1</u> <input type="checkbox"/> Not listed. Explain _____	—
4.38	Thomas, Joyce PO Box 20515 Piedmont, CA 94620	Line <u>3.71</u> <input type="checkbox"/> Not listed. Explain _____	—
4.39	Thomas, Joyce 5130 S. Forte Apache Rd Unit 125-134 Las Vegas, NV 89148	Line <u>3.71</u> <input type="checkbox"/> Not listed. Explain _____	—
4.40	Tony M. Chang, Staff Counsel State Compensation Insurance Fund 5880 Owens Drive, 3rd Floor Pleasanton, CA 94588	Line <u>3.70</u> <input type="checkbox"/> Not listed. Explain _____	—
4.41	Walker-Johnson, Mae 282 Whitney Ave #4 Pomona, CA 91767	Line <u>3.74</u> <input type="checkbox"/> Not listed. Explain _____	—

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2
Lines 5a + 5b = 5c.

Total of claim amounts	
5a.	\$ <u>0.00</u>
5b. +	\$ <u>555,327.53</u>
5c.	\$ <u>555,327.53</u>

Fill in this information to identify the case:

Debtor name Readylink Healthcare

United States Bankruptcy Court for the: CENTRAL DISTRICT OF CALIFORNIA

Case number (if known) _____

☐ Check if this is an
amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

☒ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

☐ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract _____

2.2 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract _____

2.3 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract _____

2.4 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract _____

Fill in this information to identify the case:

Debtor name Readylink Healthcare

United States Bankruptcy Court for the: CENTRAL DISTRICT OF CALIFORNIA

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206H
Schedule H: Your Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?

- ☒ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
☐ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor

Column 2: Creditor

Name

Mailing Address

Name

Check all schedules that apply:

2.1

Street

City State Zip Code

☐ D
☐ E/F
☐ G

2.2

Street

City State Zip Code

☐ D
☐ E/F
☐ G

2.3

Street

City State Zip Code

☐ D
☐ E/F
☐ G

2.4

Street

City State Zip Code

☐ D
☐ E/F
☐ G

Fill in this information to identify the case:

Debtor name Readylink Healthcare

United States Bankruptcy Court for the: CENTRAL DISTRICT OF CALIFORNIA

Case number (if known) _____

☐ Check if this is an
amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ *Amended Schedule*
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on January 3, 2024

x



Signature of individual signing on behalf of debtor

Elizabeth Ann Watts

Printed name

Secretary

Position or relationship to debtor

Fill in this information to identify the case:

Debtor name Readylink Healthcare

United States Bankruptcy Court for the: CENTRAL DISTRICT OF CALIFORNIA

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

04/22

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income

1. Gross revenue from business

☐ None.

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

From the beginning of the fiscal year to filing date:

From 1/01/2024 to Filing Date

Sources of revenue
Check all that apply

☒ Operating a business

☒ Other 4/1/23 - Filing Date

Gross revenue
(before deductions and exclusions)

\$0.00

For prior year:

From 1/01/2023 to 12/31/2023

☒ Operating a business

☒ Other 4/1/22 - 3/31/23

\$0.00

For year before that:

From 1/01/2022 to 12/31/2022

☒ Operating a business

☒ Other 4/1/21 - 3/31/22

\$0.00

2. Non-business revenue

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None.

Description of sources of revenue

Gross revenue from each source
(before deductions and exclusions)

Part 2: List Certain Transfers Made Before Filing for Bankruptcy

3. Certain payments or transfers to creditors within 90 days before filing this case

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☒ None.

Creditor's Name and Address

Dates

Total amount of value

Reasons for payment or transfer
Check all that apply

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed

Debtor **Readylink Healthcare**

Case number (if known)

or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☒ None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
--	-------	-----------------------	---------------------------------

5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☒ None

Creditor's name and address	Describe of the Property	Date	Value of property
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6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
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Part 3: Legal Actions or Assignments**7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None.

	Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.1.	Commerce & Industry Insurance Company v. ReadyLink Healthcare, Inc. CVPS2102680	Complaint for Damages	Riverside Superior Court Palm Springs Courthouse 3255 E Tahquitz Canyon Way Palm Springs, CA 92262	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.2.	State Compensation Insurance Fund v. ReadyLink Healthcare, Inc. PSC1500168	Complaint for Damages	Riverside Superior Court Palm Springs Courthouse 3255 E Tahquitz Canyon Way Palm Springs, CA 92262	<input type="checkbox"/> Pending <input checked="" type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.3.	Avis Francis-Maitland, an individual on behalf of herself and others similarly situated v. ReadyLink Healthcare, Inc. CVR12101356	Class Action Complaint	Riverside Superior Court 4050 Main Street Riverside, CA 92501	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None**Part 4: Certain Gifts and Charitable Contributions**

Debtor **Readylink Healthcare**

Case number (if known)

9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000

☐ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
------------------------------	---	-------------	-------

Part 5: Certain Losses

10. All losses from fire, theft, or other casualty within 1 year before filing this case.

☐ None

Description of the property lost and how the loss occurred	Amount of payments received for the loss <small>If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received. List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).</small>	Dates of loss	Value of property lost
--	--	---------------	------------------------

Part 6: Certain Payments or Transfers

11. Payments related to bankruptcy

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None.

Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1. Ringstad & Sanders LLP 4910 Birch Street Suite 120 Newport Beach, CA 92660		10/10/2023 - \$2,682.50 10/30/2023 - \$4,210.50 11/17/2023 - \$1,015.00	\$7,908.00

Email or website address

Who made the payment, if not debtor?

11.2. Ringstad & Sanders LLP 4910 Birch Street Suite 120 Newport Beach, CA 92660		Chapter 7 Retainer 12/21/2023	\$20,000.00
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Email or website address

Who made the payment, if not debtor?

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

Debtor **Readylink Healthcare**

Case number (if known) _____

☐ None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
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13. Transfers not already listed on this statement

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☐ None.

Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
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Part 7: Previous Locations

14. Previous addresses

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☐ Does not apply

Address	Dates of occupancy From-To
---------	-------------------------------

Part 8: Health Care Bankruptcies

15. Health Care bankruptcies

Is the debtor primarily engaged in offering services and facilities for:
- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

☐ No. Go to Part 9.

☐ Yes. Fill in the information below.

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
---------------------------	---	---

Part 9: Personally Identifiable Information

16. Does the debtor collect and retain personally identifiable information of customers?

☐ No.

☐ Yes. State the nature of the information collected and retained.

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

☐ No. Go to Part 10.

☐ Yes. Does the debtor serve as plan administrator?

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units

Debtor **Readylink Healthcare**

Case number (if known) _____

18. Closed financial accounts

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☐ None

Financial Institution name and Address	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
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19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☐ None

Depository institution name and address	Names of anyone with access to it Address	Description of the contents	Does debtor still have it?
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20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☐ None

Facility name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
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Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own**21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☐ None**Part 12: Details About Environment Information**

For the purpose of Part 12, the following definitions apply:

Environmental law means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

Site means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

Hazardous material means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.☐ No.☐ Yes. Provide details below.

Case title Case number	Court or agency name and address	Nature of the case	Status of case
---------------------------	----------------------------------	--------------------	----------------

23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

Debtor Readylink Healthcare Case number (if known) _____

- ☒ No.
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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24. Has the debtor notified any governmental unit of any release of hazardous material?

- ☒ No.
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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Part 13: Details About the Debtor's Business or Connections to Any Business

25. **Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

- ☒ None

Business name address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.	Dates business existed
-----------------------	-------------------------------------	--	------------------------

26. **Books, records, and financial statements**

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

- ☒ None

Name and address	Date of service From-To
------------------	----------------------------

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

- ☐ None

Name and address	Date of service From-To
------------------	----------------------------

26b.1. **Brian Ko, Tax Partner**
BDO USA
515 S. Flower Street
47th Floor
Los Angeles, CA 90071

Name and address	Date of service From-To
------------------	----------------------------

26b.2. **Amita Gandhi, CPA**
Backstrom, Gandhi & Soni LLP
34-220 Gateway Drive
Suite 120
Palm Desert, CA 92211

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

- ☒ None

Name and address	If any books of account and records are unavailable, explain why
------------------	--

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

Debtor **Readylink Healthcare**

Case number (if known)

☒ None

Name and address

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☒ No

☐ Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory

Date of inventory

The dollar amount and basis (cost, market, or other basis) of each inventory

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
Barry L. Treash	72030 Metroplex Drive Thousand Palms, CA 92276	President	100%
Elizabeth Ann Watts	72030 Metroplex Drive Thousand Palms, CA 92276	Secretary	

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

☒ No

☐ Yes. Identify below.

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

☒ No

☐ Yes. Identify below.

Name and address of recipient

Amount of money or description and value of property

Dates

Reason for providing the value

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

☒ No

☐ Yes. Identify below.

Name of the parent corporation

Employer Identification number of the parent corporation

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

☒ No

☐ Yes. Identify below.

Name of the pension fund

Employer Identification number of the pension fund

Debtor Readylink Healthcare

Case number (if known) _____

Part 14: Signature and Declaration

WARNING – Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on January 3, 2024



Elizabeth Ann Watts
Printed name

Position or relationship to debtor Secretary

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

☒ No

☐ Yes

B2030 (Form 2030) (12/15)

United States Bankruptcy Court
Central District of California

In re **Readylink Healthcare**

Debtor(s)

Case No.

Chapter

7

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$	27,908.00
Prior to the filing of this statement I have received	\$	27,908.00
Balance Due	\$	0.00

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify):

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify):

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- [Other provisions as needed]

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

January 3, 2024

Date



Todd C. Ringstad

Signature of Attorney

Ringstad & Sanders LLP

4910 Birch Street

Suite 120

Newport Beach, CA 92660

949 851-7450 Fax: 949 851-6926


todd@ringstadlaw.com

Name of law firm

<p>Attorney or Party Name, Address, Telephone & FAX Nos., State Bar No. & Email Address Todd C. Ringstad 4910 Birch Street Suite 120 Newport Beach, CA 92660 949 851-7450 Fax: 949 851-6926 California State Bar Number: 97345 CA todd@ringstadlaw.com</p> <p><input type="checkbox"/> Debtor(s) appearing without an attorney <input checked="" type="checkbox"/> Attorney for Debtor</p>	<p>FOR COURT USE ONLY</p>
<p style="text-align: center;">UNITED STATES BANKRUPTCY COURT CENTRAL DISTRICT OF CALIFORNIA</p>	
<p>In re:</p> <p style="text-align: center;">Readylink Healthcare</p> <p style="text-align: right;">Debtor(s).</p>	<p>CASE NO.: CHAPTER: 7</p> <p style="text-align: center;">VERIFICATION OF MASTER MAILING LIST OF CREDITORS</p> <p style="text-align: center;">[LBR 1007-1(a)]</p>

Pursuant to LBR 1007-1(a), the Debtor, or the Debtor's attorney if applicable, certifies under penalty of perjury that the master mailing list of creditors filed in this bankruptcy case, consisting of 16 sheet(s) is complete, correct, and consistent with the Debtor's schedules and I/we assume all responsibility for errors and omissions.

Date: January 3, 2024



Signature of Debtor 1

Date: _____

Signature of Debtor 2 (joint debtor)) (if applicable)

Date: January 3, 2024



Signature of Attorney for Debtor (if applicable)

Readylink Healthcare
P.O. Box 1047
Thousand Palms, CA 92276

Todd C. Ringstad
Ringstad & Sanders LLP
4910 Birch Street
Suite 120
Newport Beach, CA 92660

AIG
22427 Network Place
Chicago, IL 60673-1224

Archinue, Peta
10516 Amantha Avenue
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